

LOS000046219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

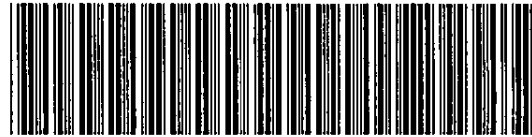
(Business Entity Name)

(Document Number)

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13 JUL 25 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raeford Development, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000046219

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Mitchell

Name of Person

First Capital Property Group

Name of Firm/Company

1516 E. Hillcrest St, Suite 210

Address

Orlando, FL 32803

City/State and Zip Code

cmitchell@fcpg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Mitchell

Name of Person

at (407) 8720209

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Charles J Mitchell Jr.

, hereby resigns as

Name of Registered Agent

Registered Agent for **Raeford Development, LLC**

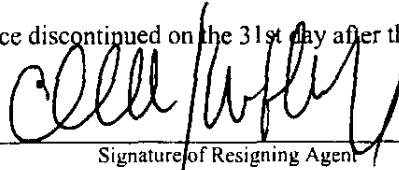
Name of Limited Liability Company

L05000046219

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Charles J Mitchell Jr.

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 25 AM 10:48

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314